**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD A MICHARD A MICHARD

1. Entity Nan	MENT # 43729	1	•		Jan 23, 20 Secretar 01-23-2002 90	002 8:00 ry of Sta 0087 024 ***158	ate
Principal Place of Business 2001 NW 107TH AVE		Mailing Address 2001 NW 107TH AVE					
MIAMI FL 33		MIAMI FL 33172			I (1881) I BIBAR 17112 18878 11818 18181 A	/(21 81811 87811 81811 87811 F	HAN RIAN TRAN
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	4. FEI Number 59-1494 168 Applied For Not Applicable		
Zip Country		Zip Country		5. (	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Regi		
			Name				
	er, becky s v. 107 avenue		Street Ad	dress (P.O. E	P.O. Box Number is Not Acceptable)		
MIAMI FL	. 33172-2507	0:				75.00	
			City			FL Zip Code	ə
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		0.00 of State	10. Election Campaign Financ Trust Fund Contribution.	☐ Added	O May Be to Fees
<b>11.</b> Title	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS CITY-ST-ZIP	WICKETT, RICHARD A 2001 NW 107TH AVE MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT D		<b>⊠</b> Change	☐ Addition
TITLE Name Street address City-St-Zip	P ZUMWALT, JOHN B III 2001 NW 107TH AVE MIAMI FL 33172	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	%/C0	0	<b>Æ</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNER, TODD 2001 NW 107TH AVE MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SCHAFFER, BECKY S 2001 NW 107TH AVE MIAMI FL 33172	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b>		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	C/CEI DYÉ,MI NUNS W	O CHAEL H PRÉSTWICK PL AKES FL	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	<b>USD</b>	N, ROBERT J. W107 AVE	☐ Change	Addition
13. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee emperation or the receiver or trustee emperation or an at accument with an address, with an address, with an address.	ue and accurate and that my ered to execute this report as	ne exemption stated signature shall hav	d in Section 1 ve the same I	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath	n; that I am an officer o	or directoi

- MCP DDPOIDESIN